DAILY MEAL COUNT SHEET

Name of Center:						Month/Yr.								
No. of Meals Claimed for Enrolled Children						No. of Meals Claimed for Adults								
	A.M. P.M. At-Risk Nite					A.M. P.M. At-Risk Nite								
Date	Breakfast		Lunch		Snack	Supper	Snack	Breakfast	Snack	Lunch	Snack	Snack	Supper	Snack
Subtotal														
Infant Total														
from reverse side*														
Total														

DAILY MEAL COUNT SHEET

Reminders: *If claiming infant meal, use reverse side. The total infant meal must be added and indicated on the corresponding line item of the claim I:\stu_svcs\cacfp\applications & renewals\daily meal count sheet.doc

Name of Center:	Month/Yr.
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No. of Meals Claimed for Infants

	I	A.M.	is Claim	P.M.	iiaiits	Nite
Date	Breakfast	Snack	Lunch	Snack	Supper	Snack
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	1					
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Infant Total						
Transfer						
total to						
reverse side						